## PART B - FEE(S) TRANSMITTAL

together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS of the form-stratified be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where ir m

maintenance fee notification	ons.	- Diock 1, by	(a) specifying a new ci	orrespoi	ndence address;	and/or (	b) indicating a sep	t correspondence address a parate "FEE ADDRESS" fo	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  21003 7590 06/06/2007					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission.				
		/2007			Cert	ificate o	f Mailing or Trop	emission	
BAKER BOTTS L.L.P. 30 ROCKEFELLER PLAZA					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimilations transmitted to the USPTO (571) 273-2885, on the date indicated below.				
44TH FLOOR									
NEW YORK, NY 10112-4498					(Depositor's name)				
09/05/2007 INTEFS₩ 00002156 10773931					(Signature)				
01 FC:1501 1400.0						(Date)			
02 FC: APPEICATION NO.	DH FILING DATE		FIRST NAMED INVENT	TOR	T	ATTORN	IEY DOCKET NO.	CONFIRMATION NO.	
10/773,931	02/06/2004		Graham David Melvi	ille			9 - 072797.0271	7387	
TITLE OF INVENTION: V	VIRTUAL WIRELESS	LOCAL AREA NETV	VORKS						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PR	EV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO .	\$1400	\$300		\$0		\$1700	09/06/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS						
VO, NGUYEN THANH		2618	370-338000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys  1 Baker Botts LLP						
Change of correspondaddress form PTO/SB/I	or agents OR, altern	natively,	, .	,					
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Symbol Technologies, Inc. Holtsville NY 11742									
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🖾 Corporation or other private group entity 🔲 Government									
4a. The following fee(s) are submitted:  4b. Payment of Fee(s); (Please first reapply any previously paid issue fee shown shove)									
Issue Fee				check is enclosed.					
Advance Order - # of	Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).								
5. Change in Entity Status (from status indicated above)  \[ \begin{align*} \text{ a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27.} \end{align*} \text{ b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2).} \]								CP 1 27/-1/21	
NOTE: The Issue Fee and Printerest as shown by the reco	ublication Fee (if requi	red) will not be accepte	d from anyone other tha	in the ap	oplicant; a registe	ered attor	mey or agent; or th	e assignee or other party in	
Authorized Signature	1.5	M.			<sub>Date</sub> Sep	t. 4,	2007		
Typed or printed name Robert L. Ma:			ier	;	Registration No.		54,291		
This collection of informatio an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313- Under the Paperwork Reduct	1450.			or retain estimate dividual ficer, U. TO TH	a benefit by the ed to take 12 min I case. Any common S. Patent and Tra IS ADDRESS. S	public wonutes to oments on ademark SEND TO	which is to file (and complete, including the amount of time Office, U.S. Depa O: Commissioner for	or Fatents, P.O. Box 1430,	